

Last Name: _____

Oklahoma National Guard Youth Workshop Youth Participant Application Packet -- "Kid's Kamp"

Dear Parent/Guardian:

Attached is a Youth Participant application packet for the Oklahoma National Guard (OKNG) Youth Workshop. Please fill it out completely and return it to the address on the bottom of page two.

The purpose of the National Guard Youth Workshop program is to help youth learn about and gain a greater appreciation of the Oklahoma National Guard. Boys and Girls, ages 9-13 are invited to apply and **must be the child/grandchild/legal dependent** of an active/retired Oklahoma National Guard member. **All children MUST be between the ages of 9-13 as of the first day of September, 2005.**

The medical forms included in the packet are a **prerequisite for acceptance** into the program. All forms must be completed and returned before your child is accepted. **The deadline for applications is Friday, 10 June 2006, and will be strictly enforced.** Incomplete applications will be put in a "hold" status until all paperwork is received.

If your child is on medication, the "permission to medicate" form must be completed and signed by a parent/guardian. It applies to both prescription and over-the-counter medication.

REGISTRATION FEE: \$80.00 per child. If application & payment is received by June 10th, registration fee is only \$70.00 per child. Children of Adult volunteers can attend for half-price. If more than one child per family attends, contact CPT White regarding a family discount. **Make check payable to OKNG FP.** Your check will not be cashed until your child has been notified of his or her acceptance in the early part of June. PRICE INCLUDES CD & CAMP T-SHIRTS

Please note the following information (retain this page for your records):

- Young children must be able to be away from their parents for the duration of the Youth Workshop. If a child becomes unduly stressed, about being away from home, their parent will be asked to come and pick up their child.
- Phones will be off-limits to children except in emergency situations.
- In processing begins no earlier than 3:00 pm on Sunday, 25 June 2006. It is the parent/guardian responsibility to ensure that their child has eaten lunch prior to in processing.
- You will receive a letter informing you of whether or not your child has been accepted.
- Closing ceremonies will be on Saturday, 1 July 2006, at 10:00 am.

Any questions can be addressed to:

CPT Lindy I. White at 405-228-5036 or e-mail: lindy.white@us.army.mil or Jessica Hurt at 918-832-6543 or email: jessica.hurt@us.army.mil

Last Name: _____

Oklahoma National Guard Youth Workshop Application
(Ages: 9-13 Years Old)
25 June through 1 July 2006
Camp Gruber, Oklahoma

Child's Full Name: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ T-shirt size (Adult): S M L XL XXL
Age: _____ (As of the first day of September) Date of Birth: ____/____/____

Parent(s) Name: _____
Work: () _____ Home: () _____
Cell: () _____
E-mail: _____
Are you volunteering at camp? _____

Military Parent/Guardian Information:
Name: _____ Relationship to child: _____
SSN: _____ - _____ - _____ Rank: _____ Active / Retired (circle one)
Unit: _____

Do both parent and military Parent/Guardian have permission to pick up your child? Yes/No

(If no, only the person who signs the consent form will be allowed to pick up the child during or after the Youth Workshop. This is for your child's safety since we do not know your family.)

In-processing will begin approximately 3:00 p.m. on Sunday, 25 June 2006.

Closing ceremonies will be held at approximately 10 .m. on Saturday, 1 July 2006.
Will you attend the Closing Ceremonies? Yes/No Number attending: _____

Boys and Girls, age 9-13 are invited to apply. They must be a child/grandchild/legal dependent of an Oklahoma National Guard member or retired member. Cost is \$80.00 per child. (\$60.00 refund if child cancels on or before 14 June 2005. **No refunds after 15 June 2005).**

Please return this application packet and \$80.00 registration fee (payable to **OKNG FP**) to:

Oklahoma National Guard Youth Workshop
ATTN: OKDCSPER-FPS
3501 Military Circle
Oklahoma City, Oklahoma 73111-4398

Applications must be received no later than 10 June 2006.

Last Name: _____

OKLAHOMA NATIONAL GUARD YOUTH WORKSHOP HEALTH RECORD

To Be Completed By the Parent/Guardian

Child's Name _____ Sex: M or F

Address _____

City _____ State _____ Zip _____

Age: ____ Date of Birth ____/____/____ Place of Birth _____

Parent/Guardian Name _____ Relationship _____

Home Phone () _____ Work () _____

Cell () _____

Name, phone number and address of nearest kin other than parent/guardian

_____ () _____

Address _____

City _____ State _____ Zip _____

Insurance Carrier _____ Policy # _____

Insurance Phone # _____ Doctor's Name _____

HEALTH HISTORY (COMPLETED BY PARENT/GUARDIAN)

Are there any physical or emotional reasons, which you feel might hinder your child from fully participating in the activities at the Youth Workshop? Yes No (if yes, explain)

The Oklahoma National Guard, The National Guard Association of Oklahoma, or the Family Program will not be responsible for medical bills incurred by the youth workshop participant.

Approval of Parent(s) or Guardian(s)

I hereby voluntarily waive any claim against the Oklahoma National Guard, the Military Department of Oklahoma, the State of Oklahoma, the National Guard Association of Oklahoma, or the United States of America for any or all causes which may arise in connection with the participation of youth named above in the Oklahoma National Guard Youth Workshop Program. If the youth named above becomes ill or injured while attending the Oklahoma National Guard Youth Workshop, I grant permission for the Oklahoma National Guard Kids Kamp Program to seek medical assistance as necessary.

Signature of Parent _____ Date _____

Last Name: _____

Dear Parent or Guardian:

No medication, prescription or non-prescription (cough drops, aspirin, Tylenol, etc.) will be given to a child **unless it is received in the original container**.

Prescription medication **must** be in the original pharmacy-labeled container.

PERMISSION TO HAVE MEDICATION

An authorization form is required by the parent/guardian of any child who must receive medication during the Youth Workshop.

Name of Youth Workshop Participant: _____

	A	B	C	D
Name of Medication:				
Times & Dosages to Be Taken:				
Length of Time Medication Required:				

Do we have your permission to give any over the counter medications (Tylenol, Pepto-Bismol, etc.)? Yes

Date Name of Parent Signature of Parent

List all known allergies (food/medical)

**THIS FORM MUST BE COMPLETED IF YOUR CHILD REQUIRES ANY MEDICATION
WHILE AT THE YOUTH WORKSHOP**

Last Name: _____

General Release and Consent (Minor)

I, _____, hereby certify that I am the parent or legal guardian of _____ who desires to participate in the Oklahoma National Guard Youth Workshop at Camp Gruber, Oklahoma, during the period of 25 June through 1 July, 2006.

I understand the event mentioned above will originate at Camp Gruber and those participating will travel by privately owned vehicles to Camp Gruber, on 25 June 2006. While at the camp my minor child will be riding in military vehicles, swimming in a pool or in a lake, and participating in educational and sporting events.

I hereby consent to my child's participation in the above mentioned events, and for and on behalf of my child, personal representative, our heirs, assigns and myself. I hereby release and discharge the United States, the Departments of the Army and Air Force, the Secretary of the Army, the State of Oklahoma, the Governor of the State of Oklahoma, the Oklahoma Military Department, the Adjutant General of Oklahoma, the Oklahoma National Guard, Camp Gruber, the volunteers of the Youth Workshop and the agents, or employees from any and all claims for property damage and/or personal injury and/or death resulting from or during the above indicated events at or around Camp Gruber, Oklahoma.

I understand and acknowledge the significance and consequence of such specific intention to release all claims, and hereby assume full responsibility for any injuries, damages, or losses that I may incur from the aforementioned events.

I/we hereby give my/our permission for videotapes and photographs placed on the worldwide web (WWW). This type of media will be used as a form of promotional material.

Initial One: Yes _____ No _____

Parent(s) Signature

Printed Name

Date

Witness Signature

Printed Name

Date

Last Name: _____

LIABILITY RELEASE FORM

In consideration of receiving free transportation from the United States Army National Guard by GSA Bus and other Military Vehicles including such other transportation by this and other means that may be reasonably required commencing on or about 25 June 2006.

I hereby release the United States Government, the State of Oklahoma and the Oklahoma National Guard, including it's subdivisions, officers, military personnel, employees and agents from all liability for any injuries or death that may result to me from this transportation, whether cause by negligence or otherwise. I understand that in transporting me, the United States Government, the State of Oklahoma, and the Oklahoma National Guard are not acting as a common carrier for hire and do not bear the liabilities attached to that status. I acknowledge that I voluntarily accept such transportation and that I incur no obligation towards the United States Government, the State of Oklahoma, or the Oklahoma National Guard except as imposed by this release. I agree that this release not only binds me, but also my family, heirs assigns administrators and executors.

Signature

Date

Printed Name